



Alliance Enrollment Performance Improvement Plan

February 27, 2008



The DC HealthCare Alliance (Alliance) offers health coverage to all eligible uninsured District residents with household incomes at or below 200 percent of the federal poverty level (FPL). Because of this critical program, tens of thousands of District residents who otherwise would be uninsured have access to vital health care services. The program targets some of the city's most vulnerable residents, and has made great strides in reducing barriers for enrollment for these populations.

Because of rapid growth in the Alliance enrollment between 2006 and 2008, Bert Smith & Company was commissioned by the DC Department of Health (DOH) to audit the accuracy and integrity of the Alliance enrollment functions. Though the audit did not definitively identify ineligible applicants that were enrolled in the Alliance, it did reveal areas of potential risk in which non-DC residents may obtain services through the program.

The Alliance Enrollment Performance Improvement Plan below outlines measures to be enacted through the joint efforts of the Health Care Safety Net Administration (HCSNA), the DOH division that manages the Alliance program, and the Income Maintenance Administration (IMA), the unit in the Department of Human Services (DHS) that verifies the eligibility of applicants for public benefit programs, including the Alliance.

The Performance Improvement Plan is organized into three major components:

1. Enhanced Eligibility Verification Procedures
2. Universal Quality Assurance Measures
3. Risk-Based Quality Assurance Measures

Enhanced Verification Measures

Additional Training on Enhanced Verification Procedures

The audit cites concerns regarding the consistency of eligibility verification, the completeness and accuracy of records, and potential gaps in internal controls. To ensure standardization of performance, IMA will convene an additional training in April 2008 for all enrollment staff to review policies and procedures for eligibility verification, including residency and income verification, proper maintenance of documentation in case files, protocols for recertification and other key elements involved in enrollment.

Detailed Review of “High-Risk” Applicants

IMA will reinforce procedures that are to be followed when information provided by applicants indicates potential non-residency in the District, and will expand the ability to cross-match with Maryland Cares system to front-line staff. IMA will also explore agreements with other jurisdictions to obtain online access to respective databases. This will allow immediate identification of individuals applying for the Alliance who may be receiving public benefits outside the District so that an appropriate investigation can be performed.

Review of Potential Duplicate Applicants

The audit revealed instances where one person may be enrolled in the Alliance more than once, likely because names on applications are not always uniform (for example, an individual who applies for benefits under the name “Jane Doe-Smith” may already be in the system under the name “Jane Smith” or “Jane Doe”). IMA enrolment staff will perform a comprehensive inquiry in the Automated Client Eligibility Determination System (ACEDS) to ensure that new applicants are not already in the system under a different variation of their name.

Adoption of Standardized Residency Attestation Form

Currently, applicants must use a variety of documents to prove DC residency, including a driver’s license, voter ID card, lease, or utility bill. For residents who may not be able to produce such documents (such as those that are homeless or recent arrivals to DC), the Alliance rules allow applicants to use “a letter from a verifiable source confirming that the applicant resides in the District.” To ensure more accurate and consistent attestation from applicants, IMA will develop a standardized Residency Attestation Form to ensure that appropriate information is collected for proper residency verification and follow up.

Homeless Indicator

IMA case worker will enter a code in Automated Client Eligibility Determination System (ACEDS) to indicate that the applicant has reported that they are homeless. The indicator will enable IMA to more easily identify and track homeless clients for data and other public assistance purposes.

Community Education and Outreach

Because the Alliance extends critical health coverage to vulnerable populations – including homeless and undocumented residents – many enrollees require additional social support. IMA and Alliance staff will coordinate efforts with community service providers, including those that assist homeless and undocumented residents, to educate the community regarding the rules, regulations, and procedures governing eligibility in the Alliance program.

Universal Quality Assurance Measures

Database Checks with Other States' Public Assistance Records

Because of the transient nature of low-income populations who rely on public assistance benefits, many states recognize the possibility that human service beneficiaries may be receiving benefits in more than one jurisdiction. The federal Department of Health and Human Services (DHHS) convenes the semi-annual PARIS data exchange system between 17 jurisdictions, including the District, to match records across states. IMA will continue participation in the PARIS data exchange, and will identify other database matches to reduce the risk of providing benefits to non-DC residents.

Enhanced Income Verification

All uninsured residents with household incomes at or below 200 percent of the federal poverty level (FPL) are eligible for the Alliance. Upon application, residents must supply pay stubs or other income-related documents related to the prior 30 days of work. However, some households may experience changes in income through the course of the year. HCSNA will conduct quarterly data exchanges with the Department of Employment Services (DOES) to identify any cases 1) with incomes greater than 200 percent of poverty, or 2) beneficiaries receiving unemployment benefits with a mailing address outside the District. These cases will be flagged and sent to IMA for further investigation.

Duplicate Person Matches

The audit cites concerns regarding duplicate records, in which multiple cases were attributed to one person. To address potential duplicate records that may survive IMA screens during enrollment, HSCNA will conduct regular reviews of the Alliance database and transmit all possible duplicate records to IMA for further investigation. HCSNA will be notified of results in which individuals had overlapping eligibility periods so that recoupment of payments may be initiated. IMA will also investigate the use of other available computer software that can be used to complete additional matches.

Timely Transfer of Medicare- and Medicaid-Eligible Recipients

The audit cites concerns regarding the timely transfer of U.S. citizens over 65 years of age out of the Alliance, and into Medicaid/Medicare programs. IMA will continue to identify Alliance enrollees whose ages or circumstances indicate they may become eligible for other health care programs, including Medicare and Medicaid, and expedite the transfer of eligibility in coordination with HSCNA. This includes those individuals approaching 65, people awaiting disability determinations, and those ages 50-64 who may be eligible to enroll in Medicaid through the Medicaid 50-64 Waiver program (pending available space in the program).

Risk-Based Mitigation Measures

Analyzing EBT card usage

A significant percentage of Alliance recipients also receive Food Stamp benefits. Food Stamp benefits are accessed through the Electronic Benefit Transfers (EBT) system, which records where Food Stamp benefits are used. EBT benefits are accessible to recipients across the metropolitan region. IMA will conduct regular reviews of a sample of cases jointly enrolled in the Alliance and Food Stamps to identify any pattern of EBT usage that may suggest that the beneficiary is no longer a District resident. Cases will be flagged for follow up investigation.

Review of Commonly-Used Addresses

Because a segment of the Alliance population are homeless or display other insecurity in housing, some applicants use homeless shelters or other community service organizations as their address of record. As a result, many cases may display the same address. However, the audit cites additional instances in which one address is used repeatedly by a number of applicants. IMA will perform a quarterly review of the database and flag all addresses with 6 or more individuals associated with it for further investigation to verify if the address is associated with a known homeless shelter, community service organization, or other housing facility.

Extended Periods without Use of Medical Benefits

The new managed care contracts for Medicaid and the Alliance include a provision in which the managed care companies must provide monthly encounter reports to DOH. HCSNA will review all cases in which a beneficiary has not used any care for an extended period of time to verify continued residency in the District.